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## BIB DATA SHEET

CONFIRMATION NO. 7009

<b>SERIAL NUMBER</b> 10/525,540	<b>FILING or 371(c) DATE</b> 02/24/2005 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 1716372		
<b>APPLICANTS</b> Naoyuki Maeda, Osaka, JAPAN; Yoko Hirohara, Tokyo, JAPAN; Toshifumi Mihashi, Tokyo, JAPAN; <b>** CONTINUING DATA *****<sup>TT</sup></b> This application is a 371 of PCT/JP03/10276 08/13/2003 <b>** FOREIGN APPLICATIONS *****<sup>TT</sup></b> JAPAN 2002-244811 08/26/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/TUYEN Q TRA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <sup>TT</sup> Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> <del>20</del> 17	<b>INDEPENDENT CLAIMS</b> <del>1</del> 7
<b>ADDRESS</b> CHAPMAN AND CUTLER 111 WEST MONROE STREET CHICAGO, IL 60603 UNITED STATES						
<b>TITLE</b> Portable ophthalmic apparatus and ophthalmic system						
<b>FILING FEE RECEIVED</b> 2900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			